FAMILY COURT

MEDICAL CERTIFICATE

CASE NUMBER FC-A NO.

FIRST CIRCUIT STATE OF HAWAI'I	FOR THE	CHILD	T C-A NO.
In the Matter of Adoption A []MALE []FEMALE CH Born on:	ILD, ILD, ILD,		
by			
[]the legal spouse of []a	nd		
[]the child(ren)'s legal pa []husband and wife []an unmarried person	rent		
	Petitioner(s).		
The undersigned, being duly licensed to practice medicine in the State ofdoes			
hereby acknowledge that he/she has examined			, and finds
that said child's physical and mental condition is as follows:			
Date S	gnature of Physician	Printe	ed Name of Physician
Address:			
Telephone Number:			